UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: USA

Organizer: MPact Global Action for Gay Men's Health & Rights with its regional and national partners

Date: 1 September 2020

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UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:
https://www.surveymonkey.com/r/3HC9Q6M

If you are not able to enter it on line you can send us a copy via e-mail ***strategyteam@unaids.org***

Would you accept for UNAIDS to make your report publicly available: Yes / No

SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: MPact Global Action for Gay Men's Health & Rights

Date of discussion: 1 September 2020

Theme to be discussed: Gay, Bisexual and other Men who have Sex with Men (**GBMSM**) in the Global HIV Response

Participants (types of organizations participating):

Focus group discussion participants:		
Inad Rendon	Thailand	APCOM
Selvan Anthony	Thailand	APCOM
Doan Thanh Tung	Vietnam	Lighthouse
Justin Francis Bionat	Philippines	Youth Voices Count
Najeeb Fokeerbux	Mauritius	African Queer Youth Initiative
John Odum	Nigeria	MPact's steering committee
Bradley Fortuin	Botswana	LEGABIBO
Peter Njoroge	Kenya	MPact's steering committee/Hoymas
Andrii Bogoslavets	Ukraine	Global Alliance
Michael Mhando	Tanzania	CENTA
Jorge Saavedra	Mexico	AHF and MPact board member
Devin Hursey	USA	MPact's steering committee
Extra comments/endorsement on final submission document from:		
Sergio Lopez	Paraguay	GayLatino
Victor Ortiz	Mexico	Centro Vitoria, Mexico
Mutawakilu Mohammed	Ghana	CEPERGH
Kennedy Otieno	Kenya	MAYYGO
Mac Darling Cobbina	Ghana	CEPERGH
Leonardo Sanchez	Dominican Republic	Amigos Siempre Amigos

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible, by email)

- According to the most recent data from UNAIDS, key populations and their partners account for 62% of new infections, and gay and bisexual men make up the highest proportion of new infections among key populations at 23%; this translates to HIV acquisition being 26 times higher among gay and bisexual adult men than among all adult men in 2018.
- Widespread stigma and discrimination, bolstered by punitive and discriminatory laws, policies, and practices that target the poor, racial and ethnic minorities, migrants, and reinforce homophobia and transphobia, have led to extremely disproportionately high incidence rates in every region of the world.
- Gay and bisexual men have low access to essential HIV prevention commodities and programs, HIV treatment and care, STI testing and treatment, mental health, PWUD treatment; access is even lower in countries that have punitive and discriminatory laws.
- 69 countries criminalize consensual same-sex relations between adults, and five impose the death penalty; only 109 countries permit LGBTI organizations to legally register; only 74 countries have laws prohibiting employment discrimination based on sexual orientation; rates of (reported) violence against sexual and gender minorities range from 6 to 25%.
- In 2018, gay and bisexual men received less than 1 in every 100 dollars spent on HIV in LMICs between 2016-2018.

SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

REACHING THE PERSON	
How do we see the current situation?	• GBMSM are more affected by mental health issues due to experiences of stigma and discrimination without proper support. • Ongoing trend among GBMSM in relation to Chemsex with specific outreach activities. It's not being considered a priority in the HIV response while drug use is still being criminalized. • Not enough empowerment initiatives for GBMSM individuals and communities. • High prevalence and incidence rates among GBMSM.
What concerns us?	• Lack of systematic capacity building programs for community organizations at country-level. • Lack of support to mental health programs among GBMSM.
What gives us hope?	• Resilience of GBMSM individuals and communities. • Unity among community-based organizations regardless of KP constituency, for strong call towards prioritizing funding for HIV services and advocacy. • GBMSM men living with HIV are speaking up on their experiences and willing to share their voices to the advocacy.

What constrains our ability to achieve our goals?	● Tokenizing community members and using them only for outreach and peer work without proper engagement in decision making. ● Conflating identities among key populations especially when it comes to GBMSM and Transgender women.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	● Community engagement in decision making processes is not satisfactory. ● Not enough adapted programs/services to GBMSM that proportionately respond to the epidemic burden among this community.
What concerns us?	● Pushing for numbers and results-oriented approaches without consideration to ethical and harmful strategies to our communities of GBMSM (ie Index testing…)
What gives us hope?	● Presence of targets in national AIDS planning that specifically pertain to GMMSM issues. ● Medical advances in prevention (injectable PrEP, treatment).
What constrains our ability to achieve our goals?	● Limiting the role of CBOs to meeting national epidemiological targets only. ● Lack of clear reference to GBMSM and other communities in designing and planning of health programs at country level exasperated in part by the lack of involvement of developmental partners in these processes. ● Existing barriers to access services including stigma and discrimination. ● Lack of coordination between GF and PEPFAR, and UNAIDS including on programs for GBMSM such as innovations on HIV prevention including PrEP, self-testing… ● (structures) Limited fund for GBMSM-led research ● The language used by UNAIDS and other stakeholders is not community friendly and accessible. ● (structures) Absence of proper CLM systems in place.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	● GBMSM in service industries including sex work have lost their incomes and other support systems due to COVID-19.
What concerns us?	● De-prioritization of HIV within the SDG framework. HIV falls under several SDGs depending on thematic area, but fits well with SDG3 on Health but not expounded. ● Increased conservatism ● Criminalizing laws affecting GBMSM. ● Decreased funding/restricted reprogramming within the HIV response that was exasperated even further by the COVID-19 pandemic.

What gives us hope?	Increased attention on health issues due to COVID-19 and people are listening more to medical expertise.
What constrains our ability to achieve our goals?	Exclusion of GBMSM, and GBMSM are not acknowledged as KP nor named explicitly in political declarations: i.e. 2016 Political Declaration on Ending AIDS by 2030.

EMERGING PATTERNS:

- Promoting and protecting the dignity of GBMSM and those living with HIV seeing them as more than just numbers in a target-centered approach is essential to actually make a difference.
- It is urgent to strengthen GBMSM CBOs' operational and finance management capacity to receive bilateral funding (GF, PEPFAR) and to implement local programs instead of INGOs.
- It’s important to make distinction when talking about civil society between community-led and community serving organizations.
- It’s essential to update definitions of service package to cover the range of needs of GBMSM communities including young/adolescent GBMSM /mental health, etc
- There’s a need to face governmental conservatism with openness and sex positivity when addressing sexual health and other issues of GBMSM.

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	- To continue working closely with co-sponsors (other UN agencies, ie UNDP) when UNAIDS is not present, especially around human rights issues/programs. - Continue to advocate for enabling environment for GBMSM at country level by calling governments to decriminalize consensual same sex behavior. - Instead of start, UNAIDS needs to CONTINUE to ensure that communities are involved and have meaningful engagement/participation at all levels in decision making. - Additionally, in Botswana, UNAIDS reps are easily accessible for our organization (LEGABIBO) to engage with, that needs to continue - UNAIDS should continue to push donor to keep their commitment to the HIV response. - Continue to and advocate to the government in upholding their promise and political will to end AIDS by 2030 by putting the GBMSM as one of the affected communities in the center of the response. - Continue the focus on prevention and awareness raising as it’s still key to addressing HIV prevalence in strategy development and work planning. - Continue to broker tense relationships between KP organizations and governments where it’s doing it already.

	• Engaging the community in their strategy development and work-planning to ensure community issues are always represented and starting at country-level. • Continue providing its support for community-led HIV response, and encourage specially tailored approach to specific KP. • Continue leveraging its advocacy to address the barrier to HIV treatment & Prevention.
STOP	• Stop working in silos and collaborate more with community partners on country level. • Stop leaving GBMSM men behind in holding governments accountable. • Stop competing with community organizations for funding on technical assistance. • Stop allocating large funding to international technical assistance and rely more on supporting local community expertise. If not possible, go for regional support before the global one.
START	• Start consistent collaboration with other UN agencies • UNAIDS should strengthen and support community led monitoring initiatives. And make criteria for funding especially for small community organizations. • Start to get involved in addressing the other spectrums of HIV such as mental health care, leadership development, all stigma related to KP and combine it as a comprehensive program. • Should start supporting CBOs and KP-led in accessing social contracting and domestic funding at country-level that is hindered by legal barriers and other bureaucracies. • Start supporting community organization on informational support. • Start the support to ensure uninterrupted community service at country-level that is threatened by COVID-19. • Generating more reliable data on Chem-sex in relation to experiences of GBMSM. • Ensure that national AIDS planning is in Sync with the global strategy. • Help develop roadmaps for CBOs to assist them in achieving national HIV targets.
What is the one key recommendation you want to reiterate for strong consideration?	UNAIDS to acknowledge HIV is a global health problem among GBMSM and recognize that each region is equally fighting HIV epidemic in different context and capacity: UNAIDS strategy should not distinguish the importance of one region over the other, but implement a differentiated approach to support the regions to provide HIV services to GBMSM to end AIDS by 2030

Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.

https://mpactglobal.org/the-hiv-response-we-need-gay-and-bisexual-men-demand-equity-and-justice-on-the-road-to-ending-aids/

Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.

You can send us additional documents via e-mail ***strategyteam@unaids.org***